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# Young people's views on safety and preventing abuse and harm in residential care: "It's got to be better than home"☆,☆☆

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ABSTRACT

Young people who live in residential care are at greater risk of experiencing sexual abuse and other forms of abuse than those living in other out of home care placements. To better understand how young people perceive and experience safety in residential care, and the things that they most need to be and feel safe, a qualitative study was conducted with 27 Australian children and young people for the Royal Commission into Institutional Responses to Child Sexual Abuse. This paper describes young people's perspectives on what makes residential care safe: supportive relationships, stability and predictability, fair rules, and having some control over their environment. Young people said that safety could be improved with: better appreciation of the risks in residential care; better matching, staffing and oversight; and better-designed responses that involve young people themselves. The findings provide critical insights from young people themselves and argue that adults and institutions need to appreciate their views of safety so as to adequately respond.

## 1. Introduction

In Australia, residential care is a placement option for children and young people who are part of the out of home care system, particularly when other forms of care are unavailable or are unsuccessful (AIHW, 2016, p. 48). Children and young people in residential care generally live in groups (of between 3 and 8) and are cared for by paid staff. These children and young people often have complex and significant support needs and have mental health, intellectual or learning disabilities (Bath, 2009) making it difficult for them to be placed in other settings.

The majority of children and young people in residential care have experienced severe 'early adversity' (Bath, 2015a, 2015b) and including past experiences of sexual or physical abuse and neglect (AIFS, 2011; Bath, 2008, 2009; van der Kolk, 2005). They represent some of the most disadvantaged, vulnerable and challenging young people in the OOHC system (Bath, 2008).

Research has highlighted the limitations of residential care and the raft of challenges that children and young people face (AIFS, 2011; Bath, 2008). As a result, in all Australian jurisdictions (and indeed in many countries across the globe), residential care is seen as an option of last resort (Bath, 2008; Knorth, Harder, Zandberg, & Kendrick, 2008; Sunseri, 2005).

## 2. Why talk to children and young people about safety in residential care?

Safety is one of the most fundamental needs of children and young people in residential care (Bath, 2015a, 2015b). With many having experienced significant trauma, abuse, and loss prior to entering and during their time in out-of-home care, children and young people need their residential care to be safe in order to enable them to overcome the effects of their past abuse and to positively grow and develop (Bath, 2015a, 2015b; Happer, McCreadie, & Aldgate, 2006; Hawkins-Rodgers, 2007; Holden et al., 2010). So important is the need for safety that an international collaboration of residential care experts (Whittaker et al., 2016, p. 96) observed:

> *Given the prevalence of historical and present abuse in group care settings in many countries, our work group was unanimous in designating child*

*Abbreviations:* OOHC, out of home care

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*safety as "primus inter pares" among the building blocks of high-quality therapeutic residential care.*

Although safety from abuse is vital, studies have consistently shown that the residential care experience of many children and young people is marked by a lack of safety, sustained violence, and ongoing threats of physical, emotional, and sexual abuse (Barter, 2003; Freundlich, Avery, & Padgett, 2007; Attar-Schwartz, 2011; Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Sekol, 2013; Biehal, Cusworth, Wade, & Clarke, 2014; Attar-Schwartz & Khoury-Kassabri, 2015; McLean, 2015; Finkelhor, Hamby, Turner, & Walsh, 2016). In addition to adult-child sexual abuse, children and young people in residential care have been shown to be at great risk of peer sexual violence and abuse and sexual exploitation by adults outside the residential care setting (Hallett, 2015; Parkinson & Cashmore, 2017; Timmerman & Schreuder, 2014). Attar-Schwartz (2014), for example, found that almost 40% of children in residential care reported that they been victim of an unwanted sexual behaviour by a peer in the month prior to the survey. She, and others, recognise that the threat of experiencing harm while in care is significant and that the long-term impacts of sexual abuse can be substantial (Collin-Vézina, Daigneault, & Hébert, 2013). They argue that residential care units must actively reduce the safety risks for children in their care.

In addition to reducing environmental and interpersonal risks, studies have shown that psychosocial safety is imperative. As such, young people need to *be safe* and also *feel safe* for their residential care experience to be a positive one. This is particularly important if the aim of residential care is to be therapeutic and to help young people heal and grow during their time in care. As Bath notes:

> *Healing starts with creating an atmosphere of safety; formal therapy is unlikely to be successful unless this critical element is in place… While the focus on safety will vary with different situations, the goal is always the same—that the child is safe and feels safe and is thus able to join in the journey to healing and growth.*
>
> (Bath, 2015a, 2015b)

Although there has been increasing interest in the safety needs of children and young people in residential care, there is a paucity of studies that consider how children and young people experience safety, what safety concerns they hold and how they want services and systems to respond to their safety needs. This is in spite of research that advocates the value of engaging children and young people in child protection research, policy and practice (Salveron, Finan, & Bromfield, 2013). It has been argued that studies that do not directly engage children in research may fail to understand young people's lived experience of sexual abuse in institutional care, nor appreciate some of the impacts and challenges that may not been observed by adults.

Milne and Collin-Vézina (2014), also argue that by neglecting the topic of sexual abuse researchers might unwittingly isolate young people, encourage them to perceive their abuse as unimportant or, in demonstrating discomfort, compound young people's feelings of stigma and shame. As such they, and others, stress the need for researchers to provide children and young people opportunities to engage in research that considers their experiences of sexual abuse and safety in residential care.

## 3. Our approach

In 2015–6, [authors] conducted a research project for the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) to explore young people in residential care's felt safety needs and their assessments of how well residential care services were identifying, preventing and responding to their safety concerns (including but not limited to child sexual abuse and peer sexual harm). The project was conceptualised with children and young people's active participation as central because of the view that collaborative research with children and young people result in better insights for policy and practices as well as the development of more child-centred theory (Salveron et al., 2013; Moore & McArthur, 2017).

This is a nested study that builds on research conducted in 2015 with children and young people who engaged with a broader set of institutions (including schools, holiday camps and early childhood settings) [previous work, Moore, McArthur, Noble-Carr, & Harcourt, 2015]. It was commissioned by the Royal Commission into Institutional Responses to Child Sexual Abuse which aimed to understand how and why sexual abuse occurred within Australian institutions, and to provide guidance as to how future abuse might be prevented. As residential care was identified as a setting in which sexual abuse was prevalent (Swain, 2014), the Royal Commission was keen to consider young people's contemporary experiences of safety in care.

### 3.1. Ethics approval

This study is situated within a growing body of work that engages children and young people in research on 'sensitive issues' (see Moore, McArthur, & Noble-Carr, 2017). This literature suggests that when conducted appropriately, children and young people can be ethically engaged in sensitive research when it acknowledges their particular vulnerabilities, includes a series of safeguards (for participants and researchers), provides multiple opportunities for choice and control and when researchers employ reflexive engagement (Harcourt & Quennerstedt, 2014; Holland, Williams, & Forrester, 2014; Powell, Graham, & Truscott, 2016; Vyvey, Roose, De Wilde, & Roets, 2014). This study was overseen by an independent steering group made up of lead child protection and children's researchers established by the Royal Commission into Institutional Responses to Child Sexual Abuse.

The study was approved by [the Australian Catholic University's] Human Research Ethics Committees [Application Number 2015-255H]. Approval was also required from the child protection authorities (as young people were in the care of statutory authorities) as well as some non-government providers who also had ethics/research processes. A detailed consent process was developed to ensure that each participant was aware that their participation was voluntary, that there were limits to confidentiality and that researchers would need to respond if participants disclosed abuse or other threats to their safety, and that they had some control over what and how they discussed issues (see Moore, McArthur, Roche, Death, & Tilbury, 2016, for more detail). Participants were given the option of having a 'support person' (Morris, Hegarty, & Humphreys, 2012) sit with them during the interview (such as a peer or a worker) to provide emotional support.[1]

Realising the sensitivity of the research topic, multiple checks were put in place to ensure young people's emotional safety and to provide them with opportunities to end interviews at any time.[2] Follow-up calls to participants post-interview were also conducted with children and young people to make sure that they did not experience distress and to seek help for them if there were any concerns.

### 3.2. Recruitment

The study was carried out across three jurisdictions in Australia and researchers partnered with the statutory child protection authorities and non-government organisation who provided residential care to young people. Partner organisations were invited to participate by

[1] Although it may sway participants' responses, allowing children and young people to have a 'support person' sit in on interviews is considered best practice (see: Morris et al., 2012). 'Ground rules' (such as expectations related to confidentiality) were negotiated with these support people and participants. Responses elicited from those who participated by themselves did not appear to be significantly to those who chose to have a worker present.

[2] Further detail about the consent process that we replicated in this study can be found in Moore et al., 2017.